
The United States Navy on the World Wide Web
A service of the Navy Office of Information, Washington DC
send feedback/questions to comments@chinfo.navy.mil
The United States Navy web site is found on the Internet at
http://www.navy.mil

Navy and Marine Corps Medical News (MN-01-11) March 23, 2001

Navy and Marine Corps Medical News (MEDNEWS) is a weekly compendium of news and information contributed by commands throughout the Navy medical department. Information contained in MEDNEWS stories is not necessarily endorsed by Navy Bureau of Medicine and Surgery (BUMED), nor should it be considered official Navy policy.

BUMED distributes MEDNEWS to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families. Further distribution is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names. Photos for corresponding cutlines are available for download at Navymedicine.med.Navy.mil 1-3 days following the posting of this email.

Comments and ideas for MEDNEWS are welcome. Story Submissions are highly encouraged. Contact MEDNEWS editor, At email: mednews@us.med.Navy.mil; telephone 202-762-3218, (DSN) 762, or fax 202-762-3224.

Contents for this week's MEDNEWS:

Stories:

MN011101. New policy to cut health costs for Reserve, Guard on active duty

From DoD Public Affairs

Department of Defense civilian employees who serve in the Reserve and National Guard will get help in maintaining affordable healthcare when they are deployed for a call-up to active military duty in support of a contingency operation.

Under a new personnel policy, established by Deputy Secretary of Defense Paul Wolfowitz, DoD organizations, agencies and the military services will pay the employee's share, in addition to the government's share, of the Federal Employees Health Benefit Program premium.

DoD and the Office of Personnel Management worked together in this policy effort to encourage all federal agencies to provide this assistance to their employees who serve their country as members of the Reserve and the

National Guard.

"DoD is setting the standard for all federal employers by helping their employees called to active duty for more than 30 days for a contingency operation," said Wolfowitz. "This policy will help reduce the financial burden incurred by our Reserve and National Guard members when they are part of a call-up."

The deputy secretary has asked the under secretary of Defense for Personnel and Readiness to develop specific implementation procedures to ensure consistency among the services and agencies. The policy is expected to be in effect by the start of fiscal 2002.

The policy will affect members who have been called up to support on-going contingency operations in Bosnia, Iraq and Kosovo, and those who may be called up for future operations.

For more information, contact Lt. Col. Marty Hauser, Office of the Assistant Secretary of Defense for Reserve Affairs, (703) 693-8617.

-USN-

-USN-

MN011102. Navy scientists develop new testing capabilities to determine chemical warfare agent exposure

From DoD Public Affairs

WASHINGTON, March 8, 2001 (GulfLINK) - The Department of Defense has approved a research project that will use newly developed testing capabilities and frozen blood samples from 1990-91 to determine whether members of a Marine Corps unit were exposed to certain chemical substances during their participation in the Gulf War.

Navy Captains Craig Hyams, M.D. and J.D. Malone, M.D., both infectious disease specialists will lead the $705,000 project. The study will be a collaborative effort, which will include researchers from the Department of Veterans Affairs, the Centers for Disease Control and Prevention, and the U.S. Army Center for Health Promotion and Preventive Medicine.

The project's roots are found in U.S. Navy surveillance work done by Hyams and Malone 10 years ago when they administered health evaluation questionnaires and drew blood samples from about 1,000 Marines. The first questionnaires were administered and the first blood samples were drawn in December 1990, a few days prior to the unit's deployment to Southwest Asia. The questionnaire sought demographic data and information about previous overseas assignments.

Within a few days of their return, in May 1991, about 900 of the original cohort of Marines were administered a second questionnaire and submitted a second blood sample. The second questionnaire sought information about the Marines' general health and symptoms during deployment. Portions of both blood samples were analyzed for exposure to infectious diseases. The remainder of the samples were frozen.

At the time of the war, Hyams and Malone were focused on infectious diseases and conducted tests on the sera for such diseases as sand fly fever, Norwalk virus infections, Shigella virus, and number of other types of viruses indigenous to the Gulf region. These studies showed that Gulf War troops were frequently exposed to the bacteria which commonly causes traveler's diarrhea but there was no evidence of exposure to sand fly fever. In order to preserve this resource for future analysis, both the pre-deployment and post-deployment sera samples have remained frozen at minus 70 degrees Celsius since being taken from the Marines.

"There are no sample collections like this one, where we obtained information and blood samples just before they left and just after they returned," Hyams says. "Having a pre- and a post-deployment sample, plus

health data collected from veterans at the end of the war, is what makes this so valuable. We know what they were like when they left and we know what they were like when they returned."

These Marines initially were deployed to Saudi Arabia, but then saw action in Kuwait during the war.

"This cohort appeared healthy when they returned, though they reported experiencing the same kinds of general symptoms and illnesses in the desert that other veterans reported when they came home," Malone recalls.

Within the past year, however, new techniques have been developed that allow CDC scientists to test those sera samples in ways they were unable to test in the past. This new capability means that Hyams and Malone and their research team for the first time will be able to test the Marines' sera for chemical warfare agents, organophosphate and chlorinated pesticides, sulfur mustard and smoke from oil well fires.

"This is totally new," Hyams said. "Only in the last year has it been possible to begin developing this capability at the CDC, which allows us to test the serum samples collected near the time of exposure."

That will be the focus of the team's work over the next eighteen months. The team plans to compile a comprehensive profile of the Marine unit to include the information contained on the pre- and post-deployment questionnaires, their geographic locations while in the region and the health problems they have encountered since their return.

Hyams is quick to point out that this research project has its limitations. For example, the testing methodology is so new that its accuracy is not yet known.

Therefore, one of the major goals of this study is to evaluate these new tests. The experimental nature of the tests also means that it may not be possible to say definitely whether an evaluated veteran was exposed to a particular chemical substance.

Also, the number of troops is small. Only about 100 randomly selected veterans can be tested initially. Since only 100 individual veterans can be tested, their locations and exposures are restricted to a few areas in northern Saudi Arabia and Kuwait. Consequently, the research findings may not be applicable to other units located elsewhere in the theater.

"We are going to learn something from this research, but it may not answer individual veteran's questions," he says. Nevertheless, Hyams believes the project will have important long-term benefits by leading to new monitoring and testing methods that will stimulate the development of simple and effective procedures to assess military personnel for exposure to toxic agents in future conflicts. In addition, the project will develop a new database for future analysis of adverse exposures during the Gulf War as new tests and hypotheses are developed.

One hundred of the Marines who participated in the original questionnaire and blood sampling will be contacted by the research team in coming weeks seeking their permission to use their blood serum for testing in this project. Because participants have to be selected randomly for the study to have any meaning, it is not possible for veterans to request testing at this time.

-USN-

-USN-

MN011103. NAVHOSP Jacksonville wins DOD Customer Satisfaction Award
From Naval Hospital Jacksonville Public Affairs

Naval Hospital Jacksonville was presented a $25,000 check and a Department of Defense Customer Service Award recently for winning top honors in the community-size hospital category.

Presenting the check to the hospital's Commanding Officer, CAPT Barb Vernoski was Commander Navy Region Southeast RADM Jan Gaudio and Bureau of Medicine and Surgery's Deputy Comptroller CDR Ken Ocker. The check will be used to continue customer service improvements throughout the command.

The command, which provides more than 600,000 outpatient visits and delivers more than 1000 babies each year, competed against 43 similar size military hospitals in the continental United States. Jacksonville's presence as the only Navy medical treatment facility to be recognized in the community-size hospital category for both customer satisfaction and access to care made the two awards that much more impressive.

The hospital's selection was announced during the recent Department of Defense 2001 TRICARE Conference held in Washington D.C. The announcement was made by the Executive Director of the TRICARE Management Activity, Dr. H. James T. Sears, Acting Assistant Secretary of Defense for Health Affairs Dr. J. Jarrett Clinton and the Army, Navy, and Air Force surgeons general. The command was also named as a runner-up for outstanding access to care.

Vernoski said, "We were able to win the Customer Service Award and be recognized for access to care because of the total commitment on the part of every staff member, from Executive Steering Council members to the hands-on healthcare member. We have made customer service a key element of the care we provide. The XO and I talk about the importance of customer service every chance we get, from our presentations in command orientation and customer service classes, to meetings that we hold with the department heads and other key events. You can't just talk about it, you have to be out there walking the talk and taking the time to personally thank staff who go the extra mile to treat our beneficiaries in a way that makes them want to receive their health care at our command. I've got a great staff that really cares about their patients; they're the best in Navy Medicine and the proof is in the DoD awards they just received."

The TRICARE Management Activity makes their selection based on monthly data collected by a DoD Patient Satisfaction Survey. The survey samples the way patients perceive customer service and access to care at military treatment facilities in all services.

-USN-

-USN-

MN011104. Setting the record straight on drugs in the Navy
By JO1 James E. Scott, CINCLANTFLT public affairs

NORFOLK, Va. (NWS) -- Zero tolerance...two words that sum up the Navy's policy on drugs.

And although the Navy was recently singled out as the only military service with a significant decline in drug abuse since 1995, being proactive remains a necessary practice.

Toward that end, commands are encouraged to continue educating their Sailors about the adverse health and legal consequences of drug abuse. Many myths exist concerning this, often leading to the false impression that drug abuse is nothing out of the ordinary. The following information, provided by the Atlantic Fleet Drug Abuse Working Group, is intended to set the record straight and help dispel some of those myths.

Myth: Only some of the urine samples submitted are tested.

Reality: The Navy Drug Screening Laboratory tests every sample submitted from Navy commands.

Myth: Once I have a urinalysis, I'm safe to do drugs for a while.

Reality: Commands use a computer-based program designed to randomly select command personnel and testing days. The tests are conducted without warning and with no set pattern. You may be tested multiple times during a

single month.

Myth: Navy urinalysis isn't very accurate.

Reality: The Navy Drug Screening Laboratory uses the most sophisticated equipment available and produces scientifically accurate and legally defensible results.

Myth: Club/Rave drugs (such as Ecstasy, Ice and Special K) are not very dangerous.

Reality: These mood- and consciousness-altering drugs have been around for 20 years or more. They are simply being repackaged with a new name to reach a new generation. They can be highly addictive, and lethal. Twenty-nine point one percent of Ecstasy users also abuse one or more other illegal substances, indicating it is likely to be a gateway drug.

Myth: Ecstasy is undetectable by Navy urinalysis and military working dogs.

Reality: Every urine sample is tested for Ecstasy. In addition, military working dogs are being trained to detect Ecstasy and other club drugs.

Myth: Marijuana is harmless.

Reality: Marijuana contains an unstable mixture of more than 425 toxic and psychoactive chemicals. It impairs memory, learning, motivation and reflexes, and has been found to be addictive. In addition, studies have shown that 12- to 17-year-olds who smoke marijuana are 85 times more likely to use cocaine than those who do not.

Myth: Cocaine is hard to detect, because it leaves your body quickly.

Reality: Cocaine use can be detected up to 72 hours after the last use.

Myth: The only way to detect LSD use is through a spinal tap.

Reality: Navy urinalysis can detect LSD use.

Myth: If I get a drug discharge, it will automatically get upgraded in six months.

Reality: There is nothing automatic about a discharge review. The extremely complicated process requires that you show the Navy Discharge Review Board that the alleged entry or omission in the records was in error or unjust. The board receives hundreds of requests annually, and in the last three years not one drug discharge upgrade request was approved.

Myth: A drug discharge has little effect on my veteran's benefits.

Reality: If you are discharged due to drug abuse, you lose all of your benefits. This includes your Montgomery G.I. Bill and Federal College Fund benefits. And if you apply for student aid, the Department of Education must verify you have not been convicted of a drug-related offense. Lastly, your discharge papers are available to any employer who seeks background information on you. Only an honorable or general discharge guarantees you all the benefits due a veteran.

The bottom line is that drug abuse in the Navy is a losing proposition. It can cost your health, your career, even your life. Make the right choice.

For more information on the Navy's drug screening program, contact your local Drug and Alcohol Program Advisor, your local Urinalysis Program Coordinators, or visit www.dapmaeast.navy.mil.

-USN-

-USN-

MN011105. It Takes a Certain Kind of person to do the job
By JOSN Rebecca Whitney, National Naval Medical Center

Sometimes patients and their families need more than highly skilled medical treatment when serious conditions arise. Sometimes they also need a listening ear, the warm touch of a hand reaching out to them in support, someone to stand by them during trying times.

That's where National Naval Medical Center's (NNMC) medical/surgical

social workers come in, as Erica Helsel and her husband Matt, a Marine Corps sergeant stationed at Quantico, Va., can attest.

"It's a roller coaster ride. Every day can lead to something new and you just hope it's not going to lead to the loss of your child's life," said Erica, speaking of her experiences as the parent of a baby in the Neonatal Intensive Care Unit (NICU).

The Helsel's daughter, Aunja, was born Feb. 2, almost six weeks early. She weighed 3 pounds, 14 ounces and was born with pneumonia. For 11 hours, she had a tube in her throat to help her breathe. After that, she was put on a ventilator that blew air into her lungs for her. Since birth, she has been through good days and bad days, what NICU personnel call peaks and valleys.

Aunja has an older sister and two older brothers. All of them were NICU babies. "Some moms feel like it's their fault," said Erica. "Thirteen years ago I was stabbed by my first husband and now, when my children are born prematurely, I blame myself, thinking that what happened in the past is causing these problems now." Now, she travels from Quantico every day to spend the day with her daughter. She takes the train, leaving Quantico at 6:15 a.m. She goes back home around 4 p.m.

"The worst part is never being sure what will happen next. The stress of the uncertainty would have put me in the hospital if I didn't have Sallye Puryear to talk to and get advice from," said Erica.

Puryear is a licensed social worker assigned to NNMC's Maternal and Infant Care and the NICU who spends a large part of her day visiting with patients and their parents and families to help them with all sorts of problems that may arise during the child's stay at the hospital.

"Sallye has helped with everything from dealing with our housing situation, to counseling, to directing me to sources of help after we leave the hospital," Erica said. "Sallye is like a surrogate mom for all the moms here who can't have their families with them for support." Erica added, "She has a plan for each family. She evaluates each situation individually."

CDR John Knowles is service chief of the Medical/Surgical Social Work Service and he explained the role of a medical/surgical social worker. "Our social workers have to have a skill set that encompasses a knowledge of social work theory and practice that focuses on people in their environment as well as an understanding of medical terminology, conditions and possible outcomes. They also have to familiarize themselves with a wide spectrum of insurance policies, costs of care, benefits and entitlements."

He talked about the benefit the Navy receives from what social workers do.

"Our social workers provide services directly and indirectly that support the mission of the Navy. When active duty patients or their immediate families are being treated here, they are not where they need to be nor can they focus on their job necessarily. We do what we can to assist in the process of returning active duty families to a state of stabilization. This, in turn, places the active duty person back in a mission ready state and the family in the position to provide the support necessary to maintain mission readiness," he said.

Puryear works with the NICU's discharge planner, Lt. j.g. Amy Noyes, to provide an invaluable service to the NICU families during one of the most trying times of their lives.

"Our jobs overlap. Sallye does the social aspects of discharge planning, while I do the medical side. There is no way we could work without her," Noyes said.

Medical/surgical social workers are trained, skilled and licensed professionals. They offer broad-based clinical support by evaluating the social, pyschosocial, environmental and financial impact of a patient's stay in the hospital. They also work with other healthcare professionals to

provide a treatment plan and service to enable their patients to cope with their situation.

"Some people think that all we do is order equipment," said Laura Havard, a licensed social worker assigned to ENT, Gynecology, Orthopedics and Podiatry. "We do so much more than that."

Social workers provide the services of discharge planning, admission prevention for outpatients, medical crisis counseling, information and referral and bereavement services, Havard said. NNMC has a highly trained medical/surgical social work staff. There are 11 social workers who each cover different sections of NNMC.

"Some of the case situations are episodic, lasting only one day or one week, while others are very complicated and complex, requiring intense involvement," said Susan Quinn, Medical/Surgical Social Work service manager. "Our social workers help patients take the inner strength they have always had and teach them to use it to cope with the situation at hand."

Barbara Johnson, a licensed social worker assigned to the Internal Medicine Clinic and the Geriatric Clinic, said she helps her patients look at the bigger picture.

"I provide my patients with helpful information they can use and access easily," said Johnson. "I love my job because I feel like I am really doing something for people. Yet, I feel like I receive as much as I give. I learn a lot from my patients, especially the ones facing death. Seeing the peace and the acceptance they have is really intriguing."

Donna Wilson, a licensed social worker assigned to the Oncology Program, Neurology and the Emergency Room, added, "Every patient has had an affect on my life, each of them in a different way. I help families to deal with situations that are difficult to talk about, like the impact that a cancer diagnosis has imposed upon their lives," said Wilson. "Social workers are listeners. We open up doors for patients and help them think through a decision, but we never make a decision for them."

"It's not just what you provide, it's also what you get back," said Puryear. "This job has really enhanced my ability to connect with mothers, whether it's their first child, or their third. I hold a really meaningful role," she continued.

"Working directly with the patients is very inspirational," said Terri Craig, a licensed social worker assigned to Infectious Diseases, HIV Clinic and Inpatient, Pulmonary, Nephrology, Allergy/Immunology and Dermatology. "For the most part, my patients are optimists. They are dealing with their diseases very well, continuing to enjoy life and learning from themselves."

Although each NNMC medical/surgical social worker deals with different general situations, there is a unanimous agreement among them that they love what they do, they have a passion for it and they learn from their patients.

"Social work is a way of life for me," said HM1 Stewart Jones, licensed social worker assigned to Maternal and Infant Care, Labor and Delivery, Obstetrics, Antepartum and Post-partum. "I love being able to provide a service to patients that makes life for them a little easier."

-USN-

-USN-

MN011106. TRICARE Question & Answer

Q: What benefit is being offered under TRICARE for Life?

A: Effective April 1, 2001, access to the military pharmacy benefits will increase for military beneficiaries who are Medicare-eligible. The benefit will provide prescription drugs at military treatment facilities (MTFs), through the National Mail Order Pharmacy (NMOP) program and retail pharmacies. Specific information about these benefits, including customer service phone numbers and prescription co-payments, was mailed to all

beneficiaries who have current address information in the DEERS database. The TRICARE Senior Pharmacy Program brochure is also available on the TRICARE Web site (www.tricare.osd.mil/pharmacy/newsenior.htm <http://www.tricare.osd.mil/pharmacy/newsenior.htm>). Beneficiaries may call the pharmacy help line at 1-877-DoD-Meds (1-877-363-6337) for additional information.
-USN-
-USN-

MN011107. Healthwatch: Tick. Tick. Tick. Lyme Disease Explosion Starts in Spring

WASHINGTON, March 16, 2001 -- Spring is here, and so is tick season across America and in many foreign countries. Being bitten by an infected tick can result in debilitating, sometimes deadly, Lyme disease, military and civilian experts warn.

Left untreated, Lyme disease can advance from early flu- like symptoms to painful and permanent damage to the joints, according to the National Centers for Disease Control. The disease can also affect the nervous system, causing numbness, pain, stiff neck and severe headache or muscle weakness in the face or limbs. Occasionally, heart irregularities occur.

The first stage of the disease begins three to 31 days after the tick bites. Symptoms can include fatigue, chills and fever, headache, muscle and joint pain or swollen lymph nodes.

Another mark of Lyme disease, researchers said, is a peculiar expanding circular skin rash in the areas where the tick bite occurred. Patch shapes vary depending on location. The rash appears mostly on the thighs, groin, trunk and armpits, and on the faces of children.

As the patch enlarges, the center may clear, giving a ring-like appearance. It may be warm, but isn't usually painful. However, researchers said, some people never develop a rash.

People can pick up ticks during walks in parks or the woods, or while hiking and camping. Children are especially susceptible because they run around in tall grass, play in wooded areas and roll on the ground, researchers noted. The individual risk of getting Lyme disease is reasonably small. Only about 12 percent to 15 percent of ticks actually carry the bug. Experts said removing ticks from the body quickly may prevent a person from contracting Lyme disease. Ticks generally must feed on a person for 24 to 48 hours before the person becomes infected.

Lyme disease experts warn field troops not to wear tick and flea collars meant for pets. Cats and dogs don't sweat, but people do, and harmful chemicals can get into the human body through sweat glands.

Named after Lyme, Conn., where it surfaced in 1975, Lyme disease has become one of the fastest-growing vector-borne diseases in the United States. The highest incidence occurs in the Northeast from Massachusetts to Maryland and in Wisconsin, Minnesota, California and Oregon. A vector is a host -- the tick, in this case -- that passes the disease germ.

Researchers at the Armed Forces Pest Management Board note that all military recruit training areas are infested with ticks. CDC officials said a number of service members have been infected in Germany over the years.

The federal Food and Drug Administration approved a Lyme disease vaccine in December 1998 for persons ages 15 to 70. The vaccine's effectiveness depends on getting three doses in a year. The second dose is given a month after the first and the third, 11 months after that and just before the start of tick season. In other words, start now for protection next year.

FDA officials emphasize the vaccine is not 100 percent effective and is not a substitute for other standard preventive measures.

The best way to avoid Lyme disease is to stay away from places where ticks live -- tall grass and weeds, scrubby areas, woods and leaf litter. Another good idea: Check children and pets after they've played outside.

Service members can use a two-part DoD chemical repellent system consisting of a permetthrin-based spray for clothin and DEET-based lotion for exposed skin. The repellents should be coupled with proper wearing of the uniform.

If you can't avoid tick-infested areas, CDC experts suggest you wear a long-sleeved shirt and long pants, tuck pant legs into socks or boots, tuck shirt into pants, tape area where pants and socks meet to keep ticks out, and wear light-colored clothing so ticks can be seen easily.

After being outdoors:

- Promptly remove and wash clothing;
- Inspect your body carefully and remove attached ticks with tweezers, grasping as close to the head as possible and gently tugging the tick free without crushing its body. Squeezing the tick's body may force infected fluid into the wound;
- Place tick in sealed container for examination by a local health department; and
- Wash the wound and apply an antiseptic.

DoD uses education to combat Lyme disease as well as other vector-borne diseases, said officials at the Army Center for Health Promotion and Preventive Medicine at Aberdeen Proving Ground, Md. The center web site (chppm-www.apgea.army.mil/ento) provides technical information, fact sheets and dozens of links to other pest- and disease-control agencies and activities.

The Armed Forces Pest Management Board web site (www.afpmb.org) offers an online version of Technical Information Memorandum 36, "Personal Protection Against Insects and Other Arthropods of Military Importance." The illustrated 113-page handbook is no longer available in print.

You can obtain information from the Lyme disease electronic mail network called LymeNet. The service is available through the Internet at www.lymenet.org.

Also, the DoD pesticide hot line can answer all kinds of pest management questions. Call DSN 584-3773 or (410) 436-3773.

-USN-

-USN-